



Fire & EMS Department Fire Report Release Form

Note: This form shall be completed prior to releasing any department generated Fire Incident Report or Fire Marshal Report. This completed form must be attached to the original requested report.

Section to be completed by Person/Agency requesting report

Name: _____

Agency (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date of Incident: _____

Location of Incident: _____

Reason for Requesting Report: _____

**** I hereby affirm that I received the copy of the report indicated on this form. ****

Signature: _____ Date: _____

Section to be completed by Department Staff releasing report

Incident Number: _____ Incident Date: _____

Report Type: _____ Fire Incident _____ Fire Marshal

Administrator Approving the Release of Report: _____

Staff Releasing Report: _____ Date: _____

Fee for Records Search and Copies (if applicable): _____

Invoice Number: _____ Payment Received: _____